

Dr. Elwood, in his studies at the Medical Research Council Epidemiological Research Unit at Cardiff, was concerned with interaction between reduced iron and flour to which the iron was added before baking into bread. The problems raised in paragraph three of his letter are related to problems of interaction which he encountered in this research. The preparation of iron which we used was reduced iron as described in the British Pharmacopoeia of 1932.

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REFERENCES

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2. BOYD, E. M. AND SHANAS, M. N.: *Canad. Med. Ass. J.*, 89: 171, 1963.
3. *Idem*: *Ibid.*, 96: 1141, 1967.
4. ELWOOD, P. C.: *Proc. Nutr. Soc.*, 24: 112, 1965.

DIGITAL STRANGULATION BY HAIR WRAPPING

To the Editor:

The report by Hill and James of a case of digital strangulation by hair wrapping (*Canad. Med. Ass. J.*, 97: 1293, 1967) reminds me of the only time I ever observed this condition. It was when I was an intern in the Babies' Hospital, New York, in 1923. The patient was a baby under a year of age, I think. He was admitted because he had swollen, dusky fingers and toes (don't ask me how many) and, at the base of each, a deep pus-covered constriction. There was much speculation by the staff, which included the great L. Emmett Holt Sr., as to what this could be. The medical consultant, the late Dr. Evan Evans, a brilliant diagnostician, was called in. A case of ainhum! Never before reported in a white child! Tremendous excitement! Photographs to be taken! The case to be reported!

It fell to my lot to clean the baby's hands and feet carefully in preparation for the photograph; and then—lo, there came to view fine blonde hairs wound in figures of eight from finger to finger, toe to toe. When the hairs were snipped, recovery was complete. They had come from the head of the little brother or sister. The unravelling of the plot left everyone flat. The case was never reported.

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CORRECTION

In the account of the International Symposium on Polypeptides, published in the department of Medical Meetings in the issue of November 4 (*Canad. Med. Ass. J.*, 97: 1174, 1967) it was stated that Drs. J. Letarte and J. M. McKenzie were invited guests. In addition, the list of invited guests from Canada included Drs. J. C. Beck, S. M. Friedman, C. L. Friedman and H. G. Friesen.

THE LONDON LETTER

IS THE GENERAL MEDICAL COUNCIL ADEQUATE?

Doctors in Britain are disciplined by the General Medical Council, and the procedure and basis have not changed much since the Medical Act of 1858. In an essay which won a B.M.A. prize, Dr. Taylor, deputy secretary of the Medical Protection Society, asks whether the disciplinary system is either adequate or just (*MedicoLegal Journal*, 35: Part II, 119, 1967). There are two grounds for discipline, the first being any conviction of the doctor by a court in the U.K. or Eire for felony, misdemeanour, crime or offence. When such a conviction is reported to the G.M.C., the latter is obliged to enquire into the matter. The second mechanism is any accusation that the doctor is guilty of "infamous conduct in a professional respect". In either case the Disciplinary Committee of the G.M.C. before whom the doctor is summoned can take only one action to discipline the accused, erasure from the Medical Register.

Taylor states that formerly a conviction by a court indicated in most cases a lapse from moral rectitude, but that nowadays with the increasing intrusion of the state into the life of the individual and the mass of regulations made under delegated authority this is no longer true. Conviction on a motoring offence must automatically bring the doctor before the G.M.C. regardless of whether he was on medical duty at the time. Moreover, when the doctor is brought before the Disciplinary Committee he is not permitted to dispute his guilt; all he can do is to produce evidence of his character and antecedents, which may or may not be helpful. There is also an element of luck, for not all court convictions are reported to the G.M.C.

As to the second cause for disciplinary action, infamous conduct in a professional respect, this suggests that there is an unpunishable type of infamous conduct unconnected with the profession. Might it not be better to speak of conduct not befitting a medical practitioner? Matrimonial cases pose a problem nowadays. A woman may be on a doctor's list for years without ever seeking treatment; they may meet socially and adultery may take place. The fact that she is on his N.H.S. list is taken to prove the doctor-patient relationship, and it is hard to prove the reverse.

Another anomaly, says Taylor, is that there is no provision for appeal against a finding of infamous conduct, except to the Judicial Committee of the Privy Council. In the 17 years that this type of appeal has been possible, nobody has ever succeeded in reversing a G.M.C. decision, which suggests that there is some handicap, since a proportion of other appeals to the higher authority succeed. The reason may be that the Disciplinary Committee is not obliged to give reasons for its decisions.